

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90904 035 ***150.00

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1. Entity Name
THE WELLNESS INSTITUTE OF AVENTURA, INC.

Principal Place of Business
**20800 WEST DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33180**

Mailing Address
**20800 WEST DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33180**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0847102**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROSSBARD, HARVEY J
 20800 WEST DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33180**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DPT	GROSSBARD, HARVEY J		
17110 N.E. 12TH AVENUE	17110 N.E. 12TH AVENUE		
NORTH MIAMI BEACH FL 33180	NORTH MIAMI BEACH FL 33180		
DVS	GROSSBARD, JANET		
17110 N.E. 12TH AVENUE	17110 N.E. 12TH AVENUE		
NORTH MIAMI BEACH FL 33180	NORTH MIAMI BEACH FL 33180		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Janet R. Grossbard* **Janet R. Grossbard**, 5-28-02, 305 9377281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)